

DL6101-003

Work Order ID 164237

\*164237\*

Page 1

Friday, July 14, 2017 12:40:00 PM

Item ID: D2938-2BL Accept \*N900040100\* Setup Start \*NS1\*

Revision ID: Stop \*NS2\*

Item Name: Saddle RH Out, 206

Start Date: 8/4/2017 Start Qty: 10.00 \*10\*

Required Date: 9/25/2017 Req'd Qty: 10.00 \*10\*

Cust Item ID:

Customer:

Reference:

Approvals: Process Plan: DAS 21 8-89 Date: JUL 14 2017 Tooling:                      Date:                      Run Start \*NR1\*

QC:                      Date:                      SPC (Y/N):                      Date:                      Stop \*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

| Draw Nbr | Revision Nbr |
|----------|--------------|
| D2938    | Rev C        |

|                              |                                                                                                                                                                                                                                                               |      |  |  |  |  |  |  |  |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--|--|--|--|--|--|--|
| 100                          | HAAS CNC VERTICAL MACHINING #1                                                                                                                                                                                                                                | 1.44 |  |  |  |  |  |  |  |
| *100*                        |                                                                                                                                                                                                                                                               |      |  |  |  |  |  |  |  |
| HAAS 1                       | Memo                                                                                                                                                                                                                                                          | 4.69 |  |  |  |  |  |  |  |
| HAAS CNC vertical machine #1 | Program part number and batch number. 1-Inspect part number and batch number are programmed correctly. 2-Machine Step No 1 of Folio and visually inspect as per dwg D2938 & attached Dimension Sheet 3-Machine Step No 2 of Folio and visually inspect as per |      |  |  |  |  |  |  |  |

|                              |                                                         |      |  |  |  |  |  |  |  |
|------------------------------|---------------------------------------------------------|------|--|--|--|--|--|--|--|
| 110                          | CONVENTIONAL MILLING MACHINE                            | 0.00 |  |  |  |  |  |  |  |
| *110*                        |                                                         |      |  |  |  |  |  |  |  |
| Mill Conv                    | Memo                                                    | 0.00 |  |  |  |  |  |  |  |
| Conventional Milling Machine | Machine Keyway and inspect per attached dimension sheet |      |  |  |  |  |  |  |  |

|                 |                                  |      |  |  |  |  |  |  |  |
|-----------------|----------------------------------|------|--|--|--|--|--|--|--|
| 120             | QC1- Inspection performed by CMM | 0.00 |  |  |  |  |  |  |  |
| *120*           |                                  |      |  |  |  |  |  |  |  |
| QC              | Memo                             | 0.00 |  |  |  |  |  |  |  |
| Quality Control |                                  |      |  |  |  |  |  |  |  |

DAS  
44  
9-89  
17-08-27  
SBL 17/08/29

DAS  
44  
9-89  
17-08-27  
SBL 17/08/29

DAS  
44  
9-89  
17-08-27  
SBL 17/08/29

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       |                                                                                                            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------|------------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       |                                                                                                            |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | MRB (QSI042) Approval |                                                                                                            |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       | Completed By<br><br>Lead hand / Supervisor<br>Approval Verification<br><br>QC / QA Coordinator<br>Approval |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       |                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       |                                                                                                            |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       |                                                                                                            |  |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |  |                       |                                                                                                            |  |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       |                                                                                                            |  |

**Work Order ID 164237**

Friday, July 14, 2017 12:40:00 PM

**\*164237\***

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Item ID: D2938-2BL Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: Saddle RH Out, 206  
Start Date: 8/4/2017 Start Qty: 10.00 **\*10\*** Cust Item ID:  
Required Date: 9/25/2017 Req'd Qty: 10.00 **\*10\*** Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID                      | Operation<br>Description                            | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number  | Insp.<br>Stamp  |
|-----------------------------------------------------|-----------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|-------------------|-----------------|
| 130<br><b>*130*</b><br>QC<br>Quality Control        | QC8- Inspect parts - second check<br><br>Memo       | 0.00<br><br>0.20     |         |        |              | <u>10</u>     |               |                   | <u>217-8-30</u> |
| 140<br><b>*140*</b><br>HandFinish<br>Hand Finishing | Chemical Conversion Coat per QSI005 4.1<br><br>Memo | 0.00<br><br>4.11     |         |        |              | <u>(10)</u>   | <u>0</u>      | <u>2017-09-01</u> | <u>JSC</u>      |

DAS  
19  
9-89



DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
|--------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|---------------------------------------------|-----------------------------------|---------------------------------------|------------------------------------------------|------------------------------------|--------------------------------|-----------------------------------------------|----------------------------------------|-----------------------------------|---------------------------------|-----------------------------------------------|-------------------------------|-----------------------------------------|---------------------------------------|-----------------------------------|-------------------------------------------------|------------------------------------------------------------|---------------------------------------------|--------------------------------------------|-----------------------------------|------------------------------------------|--------------------------------|----------------------------------------|------------------------------------------|-------------------------------------|---------------------------------------------|-------------------------------------------|-----------------------------------|--------------------------------------|----------------------------------|----------------------------------|-------------------------------------------|----------------------------------|-------------------------------------|----------------------------------------|-------------------------------------|---------------------------------|------------------------------|----------------------------------------------|---------------------------------------------|----------------------------------------------------------|---------------------------------------|----------------------------------|-------------------------------------|----------------------------------------------|----------------------------------------|--------------------------------------|------------------------------------------------|-------------------------------------------|-------------------------------------------|------------------------------------------------|---------|--|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                             | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                           | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
| Date :                                                       |                                             | Step #:                                                                                                                                                                            |                                           | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   | MRB (QSI042) Approval                                                                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
| Description Work Order Deviation                             |                                             |                                                                                                                                                                                    |                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |                                 |                                   | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
| Root Cause                                                   |                                             | FAULT CATEGORY                                                                                                                                                                     |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/>                                                                                   | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | OTHER : |  |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>           |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |

**Work Order ID 164237**

Friday, July 14, 2017 12:40:00 PM

**\*164237\***

Page 3

Item ID: D2938-2BL Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: Saddle RH Out, 206  
Start Date: 8/4/2017 Start Qty: 10.00 **\*10\*** Cust Item ID:  
Required Date: 9/25/2017 Req'd Qty: 10.00 **\*10\*** Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                   | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty                          | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------------------------|----------------------|---------|--------|--------------|---------------|----------------------------------------|------------------|----------------|
| 150                            |                                            | 0.00                 |         |        |              |               |                                        |                  |                |
| <b>*150*</b>                   |                                            |                      |         |        |              | <u>10</u>     | <b>DAS</b><br><b>13</b><br><b>9-88</b> |                  | <u>DLB</u>     |
| Purchasing                     | Memo                                       | 0.00                 |         |        |              |               |                                        |                  |                |
| Purchasing                     | ISSUE PO <u>37655</u>                      |                      |         |        |              |               |                                        |                  | SEP 01 2017    |
|                                | ***MASK ALL HOLES AS PER PAR16-484***      |                      |         |        |              |               |                                        |                  |                |
|                                | PRIME:                                     |                      |         |        |              |               |                                        |                  |                |
|                                | Start Time: _____                          |                      |         |        |              |               |                                        |                  |                |
|                                | Finish Time: _____                         |                      |         |        |              |               |                                        |                  |                |
|                                | PAINT: DELFLEET BLUE _____                 |                      |         |        |              |               |                                        |                  |                |
|                                | Start Time: _____                          |                      |         |        |              |               |                                        |                  |                |
|                                | Finish Time: _____                         |                      |         |        |              |               |                                        |                  |                |
|                                | CLEAR DELFLEET B _____                     |                      |         |        |              |               |                                        |                  |                |
| 155                            | Receive & Inspect for Damage & Mat'l Certs | 0.00                 |         |        |              |               |                                        |                  |                |
| <b>*155*</b>                   |                                            |                      |         |        |              |               |                                        |                  |                |
| Packaging                      | Memo                                       | 0.00                 |         |        |              |               |                                        |                  |                |
| Packaging                      |                                            |                      |         |        |              |               |                                        |                  |                |

10x SP 179-13

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                 |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Step #:                                                                                                                                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | MRB (QSI042) Approval                           |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Completed By                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Lead hand / Supervisor<br>Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | QC / QA Coordinator<br>Approval                 |  |
| <b>Root Cause</b><br><div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                 |  |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                 |  |



**Work Order ID 164237**

Friday, July 14, 2017 12:40:00 PM

**\*164237\***

Page 4

Item ID: D2938-2BL Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: Saddle RH Out, 206  
Start Date: 8/4/2017 Start Qty: 10.00 **\*10\*** Cust Item ID:  
Required Date: 9/25/2017 Req'd Qty: 10.00 **\*10\*** Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                           | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|----------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 160                            | QC14- Inspect Spray Paint                          | 0.00                 |         |        |              |               |               |                  |                |
| <b>*160*</b>                   |                                                    |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                               | 0.10                 |         |        |              |               |               |                  |                |
| Quality Control                |                                                    |                      |         |        |              |               |               |                  |                |
| 170                            | Identify as per dwg & Stock Location: <u>5F391</u> | 0.00                 |         |        |              |               |               |                  |                |
| <b>*170*</b>                   |                                                    |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo                                               | 0.10                 |         |        |              |               |               |                  |                |
| Packaging                      |                                                    |                      |         |        |              |               |               |                  |                |
| 180                            | QC21- Final Inspection - Work Order Release        | 0.00                 |         |        |              |               |               |                  |                |
| <b>*180*</b>                   |                                                    |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                               | 1.00                 |         |        |              |               |               |                  |                |
| Quality Control                |                                                    |                      |         |        |              |               |               |                  |                |

DAS  
21  
9-89

SEP 19 2017

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                              |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Step #:                                                                                                                                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | QC / QA Coordinator Approval                 |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                              |  |



# Picklist Print

Friday, July 14, 2017 12:40:05 PM

Page 1

Work Order ID: 164237

**\*164237\***

Parent Item: D2938-2BL

**\*D2938-2BL \***

Parent Item Name: Saddle RH Out, 206

Start Date: 8/4/2017

Required Date: 9/25/2017

Start Qty: 10.00

Required Qty: 10.00

Comments: IPP: B 00.06.26 New DWG rev (mpp 2069)EC  
IPP Rev:C As per Rev C 07-03-19 JLM  
15.10.09 ADDED BL DD VERF:JLM  
PAR16-484 DD VERF:JLM

IPP REV:D  
IPP REV:E 16.01.22

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| D6101-003                       |                        | Manufactured  | No          |                     |                  | 100             | Each               | 27.0000        | 1           | 10           |               |                |        |
| <b>*D6101-003*</b>              |                        |               |             |                     |                  |                 |                    |                | <b>**</b>   |              |               |                |        |

Saddle Billet, 7075

| <u>Location</u> | <u>Loc Qty</u> | <u>Loc Code</u> |
|-----------------|----------------|-----------------|
| MAT040          | 20             |                 |
| 161598          | 20             |                 |
| MAT046          | 7              |                 |
| X162144         | 7              |                 |
| 164095          |                |                 |

DAS  
44  
9-89  
17-08-27

4  
6

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                                                                                                                                                     |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |  |                                                                                                                                                     |  |
| Date :                                                       |  | Step #:                                                                                                                                                                            |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  | MRB (QSI042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |
| Description Work Order Deviation                             |  |                                                                                                                                                                                    |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                                                                                                                     |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                                                                                                                                                     |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                                                                                                                                                     |  |

| Root Cause         |                          |                       | FAULT CATEGORY           |                        |                          |                                   |                          |                       |                          |                      |
|--------------------|--------------------------|-----------------------|--------------------------|------------------------|--------------------------|-----------------------------------|--------------------------|-----------------------|--------------------------|----------------------|
| Environment        | <input type="checkbox"/> | No Re-verification    | <input type="checkbox"/> | Pressure/Forced        | <input type="checkbox"/> | Temperature/Cure                  | <input type="checkbox"/> | Power Loss/Surge      | <input type="checkbox"/> | Positioned Wrong     |
| Design             | <input type="checkbox"/> | Operator              | <input type="checkbox"/> | Bending                | <input type="checkbox"/> | Set-up                            | <input type="checkbox"/> | Folio/Program         | <input type="checkbox"/> | Outside Dimensions   |
| Doc/Data           | <input type="checkbox"/> | Offset/Setup          | <input type="checkbox"/> | Centre Not Concentric  | <input type="checkbox"/> | BOM/Route                         | <input type="checkbox"/> | Grain                 | <input type="checkbox"/> | Over/Under tolerance |
| Equip/Tooling      | <input type="checkbox"/> | Supplier              | <input type="checkbox"/> | Cracks                 | <input type="checkbox"/> | Broken/Damage/Defect              | <input type="checkbox"/> | Weld                  | <input type="checkbox"/> | Part Incorrect       |
| Handling/Pre       | <input type="checkbox"/> | Training              | <input type="checkbox"/> | Crimp/Kink/Ripple/Wave | <input type="checkbox"/> | Inspection Incomplete/Unqualified | <input type="checkbox"/> | Wrong Stock Pulled    | <input type="checkbox"/> | Part Lost/Missing    |
| Material           | <input type="checkbox"/> | Use for Testing       | <input type="checkbox"/> | Cuffs                  | <input type="checkbox"/> | Contamination                     | <input type="checkbox"/> | Out of Sequence       | <input type="checkbox"/> | Part Moved           |
| Internal Transport | <input type="checkbox"/> | Poor Information      | <input type="checkbox"/> | Crushing               | <input type="checkbox"/> | Countersink                       | <input type="checkbox"/> | Off-set               | <input type="checkbox"/> | Drawing              |
| Tribal Knowledge   | <input type="checkbox"/> | Rushing               | <input type="checkbox"/> | Heat Treat             | <input type="checkbox"/> | Cut Too Short                     | <input type="checkbox"/> | Mislabeled            | <input type="checkbox"/> | Finish               |
| LOA                | <input type="checkbox"/> | Product Improvement   | <input type="checkbox"/> | Wave/Twist in Tube     | <input type="checkbox"/> | Instructions Incomplete/Unclear   | <input type="checkbox"/> | Fit/Function          | <input type="checkbox"/> | Misread              |
| Substation         | <input type="checkbox"/> | Process Improvement   | <input type="checkbox"/> | Marks/Chatter          | <input type="checkbox"/> | Drill Holes                       | <input type="checkbox"/> | Misaligned/off center | <input type="checkbox"/> | Turning Sequence     |
| Past Expiry Date   | <input type="checkbox"/> | Manufacturing Process | <input type="checkbox"/> | OTHER : _____          |                          |                                   |                          |                       |                          |                      |
| Misidentified      | <input type="checkbox"/> | Past Due              | <input type="checkbox"/> |                        |                          |                                   |                          |                       |                          |                      |

|                                                      |                     |                    |
|------------------------------------------------------|---------------------|--------------------|
| <b>DART AEROSPACE LTD</b>                            | <b>Work Order:</b>  | 164237             |
| <b>Description:</b> 206 Saddle, Outboard, Right side | <b>Part Number:</b> | D2938-2            |
| <b>Inspection Dwg:</b> D2938 Rev. C                  |                     | <b>Page 1 of 1</b> |

Inspect dimensions highlighted on inspection sheet drawing D2938 Rev. C and record below:

|               |       |       |                | Recorded Actual Dimensions |       |       |       |    |      |
|---------------|-------|-------|----------------|----------------------------|-------|-------|-------|----|------|
| Dim           | Min   | Max   | Go/No Go Gauge | 1                          | 2     | 3     | 4     | By | Date |
| A             | 0.100 | 0.140 |                | .117                       | .116  | .115  | .115  |    |      |
| B             | 0.100 | 0.140 |                | .116                       | .114  | .114  | .114  |    |      |
| C             | 0.100 | 0.140 |                | .117                       | .115  | .116  | .116  |    |      |
| D             | 0.210 | 0.230 |                | .226                       | .224  | .225  | .225  |    |      |
| E             | 1.245 | 1.255 |                | 1.250                      | 1.250 | 1.250 | 1.250 |    |      |
| F             | 1.245 | 1.255 |                | 1.250                      | 1.250 | 1.250 | 1.250 |    |      |
| G             | 2.495 | 2.505 |                | 2.500                      | 2.500 | 2.500 | 2.500 |    |      |
| H             | 0.510 | 0.515 |                | .511                       | .511  | .511  | .511  |    |      |
| I             | 1.572 | 1.582 |                | 1.577                      | 1.577 | 1.577 | 1.577 |    |      |
| J             | 2.495 | 2.505 |                | 2.500                      | 2.500 | 2.500 | 2.500 |    |      |
| K             | 0.257 | 0.262 |                | .257                       | .257  | .257  | .257  |    |      |
| L             | 0.312 | 0.317 |                | .313                       | .313  | .313  | .313  |    |      |
| M             | 0.235 | 0.240 |                | .238                       | .238  | .238  | .238  |    |      |
| N             | 0.100 | 0.140 |                | .119                       | .119  | .120  | .120  |    |      |
| O             | 0.540 | 0.560 |                | .548                       | .549  | .548  | .548  |    |      |
| P             | 0.490 | 0.510 |                | .501                       | .501  | .502  | .502  |    |      |
| Q             | 3.715 | 3.725 |                | 3.720                      | 3.720 | 3.720 | 3.720 |    |      |
| R             | 2.720 | 2.760 |                | 2.742                      | 2.742 | 2.743 | 2.743 |    |      |
| S             | 0.240 | 0.270 |                | .259                       | .257  | .256  | .256  |    |      |
| T             | 0.100 | 0.180 |                | .130                       | .130  | .130  | .130  |    |      |
| U             | 1.625 | 1.635 |                | 1.630                      | 1.630 | 1.630 | 1.630 |    |      |
| V             | 1.362 | 1.372 |                | 1.367                      | 1.367 | 1.367 | 1.367 |    |      |
| W             | 0.316 | 0.321 |                | .316                       | .316  | .316  | .316  |    |      |
| X             | 1.250 | 1.270 |                | 1.260                      | 1.260 | 1.260 | 1.260 |    |      |
| Y             | 1.565 | 1.585 |                | 1.575                      | 1.575 | 1.575 | 1.575 |    |      |
| Z             | 0.178 | 0.198 |                | .188                       | .188  | .188  | .188  |    |      |
| AA            |       |       |                |                            |       |       |       |    |      |
| AB            |       |       |                |                            |       |       |       |    |      |
| AC            |       |       |                |                            |       |       |       |    |      |
| AD            |       |       |                |                            |       |       |       |    |      |
| AE            |       |       |                |                            |       |       |       |    |      |
| AF            |       |       |                |                            |       |       |       |    |      |
| AG            |       |       |                |                            |       |       |       |    |      |
| AH            |       |       |                |                            |       |       |       |    |      |
| Accept/Reject |       |       |                | /                          | /     | /     | /     |    |      |

|              |          |
|--------------|----------|
| Measured by: | 44       |
| Date:        | 17-08-27 |

|             |         |
|-------------|---------|
| Audited by: | V       |
| Date:       | 17-8-31 |

| Rev | Date     | Change                                           | Revised by | Approved |
|-----|----------|--------------------------------------------------|------------|----------|
| A   |          | New Issue                                        | RF         |          |
| B   | 02.12.12 | Reformat; Added Dim. X-Y, DT8683, DT8686, DT8690 | KJ/RF      |          |
| C   | 07.03.21 | Revised per drawing revision C                   | KJ/JLM     |          |



|                                                      |                     |                    |
|------------------------------------------------------|---------------------|--------------------|
| <b>DART AEROSPACE LTD</b>                            | <b>Work Order:</b>  | 164237             |
| <b>Description:</b> 206 Saddle, Outboard, Right side | <b>Part Number:</b> | D2938-2            |
| <b>Inspection Dwg:</b> D2938 Rev. C                  |                     | <b>Page 1 of 1</b> |

Inspect dimensions highlighted on inspection sheet drawing D2938 Rev. C and record below:

|               |       |       |                | Recorded Actual Dimensions |       |       |       |    |      |
|---------------|-------|-------|----------------|----------------------------|-------|-------|-------|----|------|
| Dim           | Min   | Max   | Go/No Go Gauge | 5                          | 6     | 7     | 8     | By | Date |
| A             | 0.100 | 0.140 |                | .116                       | .114  | .115  | .115  |    |      |
| B             | 0.100 | 0.140 |                | .115                       | .115  | .115  | .116  |    |      |
| C             | 0.100 | 0.140 |                | .115                       | .115  | .114  | .115  |    |      |
| D             | 0.210 | 0.230 |                | .224                       | .224  | .224  | .223  |    |      |
| E             | 1.245 | 1.255 |                | 1.250                      | 1.250 | 1.250 | 1.250 |    |      |
| F             | 1.245 | 1.255 |                | 1.250                      | 1.250 | 1.250 | 1.250 |    |      |
| G             | 2.495 | 2.505 |                | 2.500                      | 2.500 | 2.500 | 2.500 |    |      |
| H             | 0.510 | 0.515 |                | .511                       | .510  | .511  | .511  |    |      |
| I             | 1.572 | 1.582 |                | 1.577                      | 1.577 | 1.577 | 1.577 |    |      |
| J             | 2.495 | 2.505 |                | 2.500                      | 2.500 | 2.500 | 2.500 |    |      |
| K             | 0.257 | 0.262 |                | .257                       | .257  | .257  | .257  |    |      |
| L             | 0.312 | 0.317 |                | .313                       | .313  | .313  | .313  |    |      |
| M             | 0.235 | 0.240 |                | .238                       | .238  | .238  | .238  |    |      |
| N             | 0.100 | 0.140 |                | .120                       | .120  | .120  | .120  |    |      |
| O             | 0.540 | 0.560 |                | .548                       | .548  | .548  | .548  |    |      |
| P             | 0.490 | 0.510 |                | .502                       | .501  | .501  | .501  |    |      |
| Q             | 3.715 | 3.725 |                | 3.720                      | 3.720 | 3.720 | 3.720 |    |      |
| R             | 2.720 | 2.760 |                | 2.743                      | 2.742 | 2.744 | 2.744 |    |      |
| S             | 0.240 | 0.270 |                | .256                       | .257  | .255  | .256  |    |      |
| T             | 0.100 | 0.180 |                | .130                       | .130  | .130  | .130  |    |      |
| U             | 1.625 | 1.635 |                | 1.630                      | 1.630 | 1.630 | 1.630 |    |      |
| V             | 1.362 | 1.372 |                | 1.367                      | 1.367 | 1.367 | 1.367 |    |      |
| W             | 0.316 | 0.321 |                | .316                       | .316  | .316  | .316  |    |      |
| X             | 1.250 | 1.270 |                | 1.260                      | 1.260 | 1.260 | 1.260 |    |      |
| Y             | 1.565 | 1.585 |                | 1.575                      | 1.575 | 1.575 | 1.575 |    |      |
| Z             | 0.178 | 0.198 |                | .188                       | .188  | .188  | .188  |    |      |
| AA            |       |       |                |                            |       |       |       |    |      |
| AB            |       |       |                |                            |       |       |       |    |      |
| AC            |       |       |                |                            |       |       |       |    |      |
| AD            |       |       |                |                            |       |       |       |    |      |
| AE            |       |       |                |                            |       |       |       |    |      |
| AF            |       |       |                |                            |       |       |       |    |      |
| AG            |       |       |                |                            |       |       |       |    |      |
| AH            |       |       |                |                            |       |       |       |    |      |
| Accept/Reject |       |       |                |                            |       |       |       |    |      |

|              |          |
|--------------|----------|
| Measured by: | 44       |
| Date:        | 17-08-28 |

|             |         |
|-------------|---------|
| Audited by: | SL      |
| Date:       | 18-8-31 |

| Rev | Date     | Change                                           | Revised by | Approved |
|-----|----------|--------------------------------------------------|------------|----------|
| A   |          | New Issue                                        | RF         |          |
| B   | 02.12.12 | Reformat; Added Dim. X-Y, DT8683, DT8686, DT8690 | KJ/RF      |          |
| C   | 07.03.21 | Revised per drawing revision C                   | KJ/JLM     |          |

|                                                      |                     |                    |
|------------------------------------------------------|---------------------|--------------------|
| <b>DART AEROSPACE LTD</b>                            | <b>Work Order:</b>  | 164237             |
| <b>Description:</b> 206 Saddle, Outboard, Right side | <b>Part Number:</b> | D2938-2            |
| <b>Inspection Dwg:</b> D2938 Rev. C                  |                     | <b>Page 1 of 1</b> |

Inspect dimensions highlighted on inspection sheet drawing D2938 Rev. C and record below:

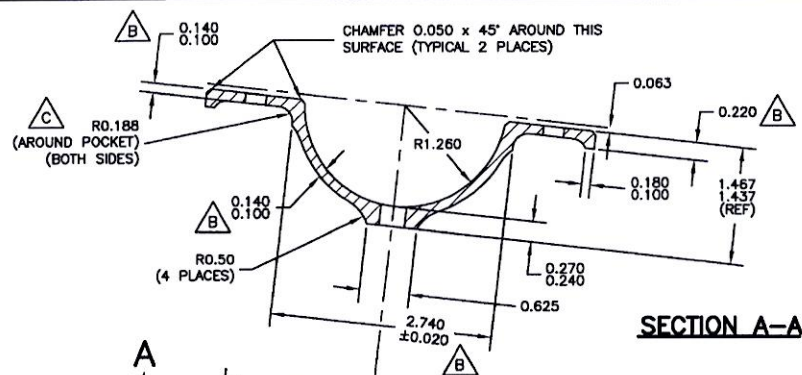
|               |       |       |                | Recorded Actual Dimensions |       |   |   |    |      |
|---------------|-------|-------|----------------|----------------------------|-------|---|---|----|------|
| Dim           | Min   | Max   | Go/No Go Gauge | 1                          | 2     | 3 | 4 | By | Date |
| A             | 0.100 | 0.140 |                | .115                       | .115  |   |   |    |      |
| B             | 0.100 | 0.140 |                | .115                       | .115  |   |   |    |      |
| C             | 0.100 | 0.140 |                | .112                       | .115  |   |   |    |      |
| D             | 0.210 | 0.230 |                | .224                       | .224  |   |   |    |      |
| E             | 1.245 | 1.255 |                | 1.250                      | 1.250 |   |   |    |      |
| F             | 1.245 | 1.255 |                | 1.250                      | 1.250 |   |   |    |      |
| G             | 2.495 | 2.505 |                | 2.500                      | 2.500 |   |   |    |      |
| H             | 0.510 | 0.515 |                | .511                       | .511  |   |   |    |      |
| I             | 1.572 | 1.582 |                | 1.577                      | 1.577 |   |   |    |      |
| J             | 2.495 | 2.505 |                | 2.500                      | 2.500 |   |   |    |      |
| K             | 0.257 | 0.262 |                | .257                       | .257  |   |   |    |      |
| L             | 0.312 | 0.317 |                | .314                       | .314  |   |   |    |      |
| M             | 0.235 | 0.240 |                | .238                       | .238  |   |   |    |      |
| N             | 0.100 | 0.140 |                | .120                       | .119  |   |   |    |      |
| O             | 0.540 | 0.560 |                | .550                       | .548  |   |   |    |      |
| P             | 0.490 | 0.510 |                | .501                       | .501  |   |   |    |      |
| Q             | 3.715 | 3.725 |                | 3.720                      | 3.720 |   |   |    |      |
| R             | 2.720 | 2.760 |                | 2.740                      | 2.743 |   |   |    |      |
| S             | 0.240 | 0.270 |                | .250                       | .257  |   |   |    |      |
| T             | 0.100 | 0.180 |                | .130                       | .130  |   |   |    |      |
| U             | 1.625 | 1.635 |                | 1.630                      | 1.630 |   |   |    |      |
| V             | 1.362 | 1.372 |                | 1.367                      | 1.367 |   |   |    |      |
| W             | 0.316 | 0.321 |                | .318                       | .318  |   |   |    |      |
| X             | 1.250 | 1.270 |                | 1.260                      | 1.260 |   |   |    |      |
| Y             | 1.565 | 1.585 |                | 1.575                      | 1.575 |   |   |    |      |
| Z             | 0.178 | 0.198 |                | .188                       | .188  |   |   |    |      |
| AA            |       |       |                |                            |       |   |   |    |      |
| AB            |       |       |                |                            |       |   |   |    |      |
| AC            |       |       |                |                            |       |   |   |    |      |
| AD            |       |       |                |                            |       |   |   |    |      |
| AE            |       |       |                |                            |       |   |   |    |      |
| AF            |       |       |                |                            |       |   |   |    |      |
| AG            |       |       |                |                            |       |   |   |    |      |
| AH            |       |       |                |                            |       |   |   |    |      |
| Accept/Reject |       |       |                |                            |       |   |   |    |      |

|              |          |
|--------------|----------|
| Measured by: | RF       |
| Date:        | 17-08-29 |

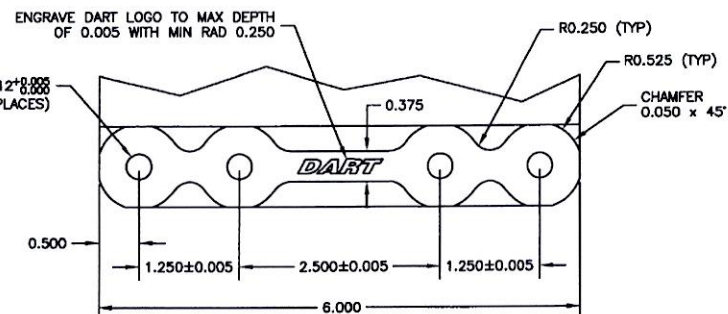
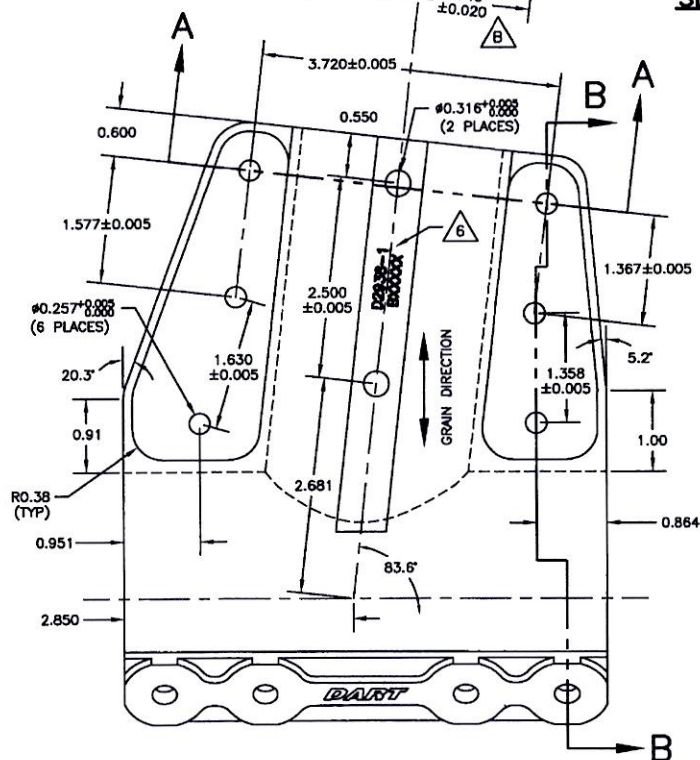
|             |         |
|-------------|---------|
| Audited by: | SL      |
| Date:       | 17-8-31 |

| Rev | Date     | Change                                           | Revised by | Approved |
|-----|----------|--------------------------------------------------|------------|----------|
| A   |          | New Issue                                        | RF         |          |
| B   | 02.12.12 | Reformat; Added Dim. X-Y, DT8683, DT8686, DT8690 | KJ/RF      |          |
| C   | 07.03.21 | Revised per drawing revision C                   | KJ/JLM     |          |



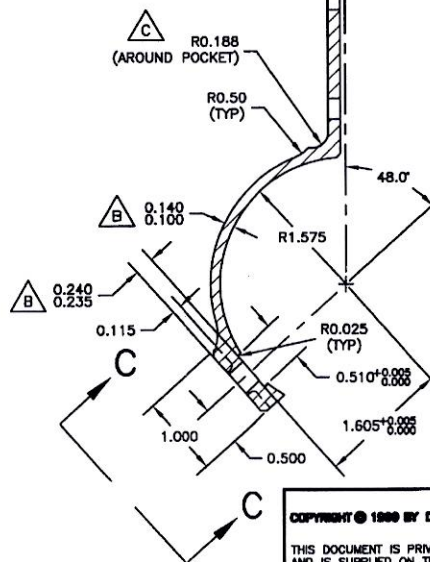


SECTION A-A



VIEW C-C

SECTION B-B



D2938-1 LH SADDLE (SHOWN)  
D2938-2 RH SADDLE (OPPOSITE)

NOTES:

- 1) MATERIAL: ALUMINUM 7075-T7351 (QQ-A-250/12)  
(MAKE FROM D6101-003 SADDLE BILLET, 7075)
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1  
POWDER COAT GLOSS WHITE (REF 4.3.5.1) PER DART QSI 005 4.3
- 3) BREAK ALL SHARP EDGES 0.010 TO 0.020
- 4) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 5) ALL DIMENSIONS ARE IN INCHES
- 6) ENGRAVE PART AND BATCH NUMBER IN THIS AREA 0.010 TO 0.015 DEEP

|         |          |                               |
|---------|----------|-------------------------------|
| C       | 06.11.09 | R0.188 WAS R0.30 TO R0.25     |
| B       | 00.05.29 | CHANGED GEOMETRY AND MATERIAL |
| A       | 99.11.12 | NEW ISSUE                     |
| DESIGN  | 4        | DRAWN BY                      |
| CHECKED | PH       | APPROVED                      |
| DATE    | 06.11.09 | TITLE                         |
|         |          | SADDLE OUTSIDE                |

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DART AEROSPACE USA, INC.

**DART** DART AEROSPACE USA, INC.  
BELLINGHAM, WA

DRAWING NO.  
D2938

REV. C

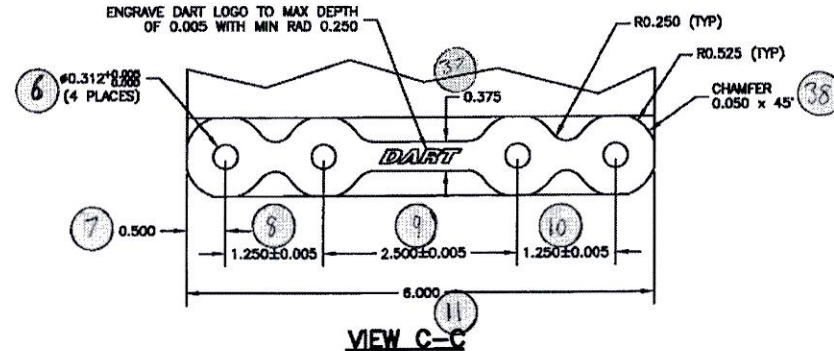
SHEET 1 OF 1

SCALE

2:3

07.02.12





D2938-1 LH SADDLE (SHOWN)  
D2938-2 RH SADDLE (OPPOSITE)

- NOTES:**
- 1) MATERIAL: ALUMINUM 7075-T7351 (QQ-A-250/12)  
(MAKE FROM D6101-003 SADDLE BULLET, 7075)  
CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
  - 2) FINISH: POWDER COAT GLOSS WHITE (REF 4.3.5.1) PER DART QSI 005 4.3
  - 3) BREAK ALL SHARP EDGES 0.010 TO 0.020
  - 4) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
  - 5) ALL DIMENSIONS ARE IN INCHES
  - 6) ENGRAVE PART AND BATCH NUMBER IN THIS AREA 0.010 TO 0.015 DEEP

|                                                                                       |                                                                                       |                                                                                                                                        |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| C                                                                                     | 06.11.09                                                                              | R0.188 WAS R0.30 TO R0.25                                                                                                              |
| B                                                                                     | 00.05.29                                                                              | CHANGED GEOMETRY AND MATERIAL                                                                                                          |
| A                                                                                     | 99.11.12                                                                              | NEW ISSUE                                                                                                                              |
| DESIGN                                                                                | DRAWN BY                                                                              |  <b>DART AEROSPACE, USA, INC.</b><br>BILLINGS, MT |
|  |  |                                                                                                                                        |
| CHECKED                                                                               | APPROVED                                                                              | DRAWING NO.                                                                                                                            |
|  |  | D2938                                                                                                                                  |
| DATE                                                                                  | TITLE                                                                                 | SCALE                                                                                                                                  |
| 06.11.09                                                                              | SADDLE OUTSIDE                                                                        | 2:3                                                                                                                                    |

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DART AEROSPACE USA, INC.



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID **PO37655**

Purchase Order Date 9/1/2017

PO Print Date 9/1/2017

Page Number 9 of 10

**Order From :**

ATELIER DEBOSELAGE  
358 PRINCIPALE  
CALUMET, QC J0V 1B0  
CA

VC-ATE001

**Ship To :** DART AEROSPACE LTD

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

Contact Name

Vendor Phone 819 242 5633

Ship To Contact

Ship To Phone

Ship Via:

Ship Acct:

Buyer

Diane Baker

Customer POID

Customer Tax # 10127-2607

Terms Net 30

Currency CAD

FOB Destination-Collect

|    |        |                                 |          |       |         |          |
|----|--------|---------------------------------|----------|-------|---------|----------|
| 22 | 164237 | D2938-2BL Saddle RH<br>Out, 206 | 9/7/2017 | 10.00 | \$25.00 | \$250.00 |
|----|--------|---------------------------------|----------|-------|---------|----------|

Yes  
9/7/2017

Prime and paint DELFLEET BLUE  
B164237

Line Total: \$250.00

|    |        |                                |          |       |         |          |
|----|--------|--------------------------------|----------|-------|---------|----------|
| 23 | 164238 | D2939-2BL Saddle RH In,<br>206 | 9/7/2017 | 12.00 | \$25.00 | \$300.00 |
|----|--------|--------------------------------|----------|-------|---------|----------|

Yes  
9/7/2017

Prime and paint DELFLEET BLUE  
B164238

Line Total: \$300.00

|    |        |                 |          |       |         |          |
|----|--------|-----------------|----------|-------|---------|----------|
| 24 | 165596 | D2646BL Aft Cap | 9/7/2017 | 20.00 | \$18.00 | \$360.00 |
|----|--------|-----------------|----------|-------|---------|----------|

Yes  
9/7/2017

Prime and paint DELFLEET BLUE  
B165596

Line Total: \$360.00

Note:

9/1/2017